

COPY/INFORMATION REQUEST

PLEASE USE THIS FORM TO REQUEST COPIES OF WORKERS' COMPENSATION FILES

EMPLOYEE NAME (INCLUDE MIDDLE INITIAL OR NAME)	EMPLOYEE SOCIAL SECURITY NUMBER	BIRTH DATE
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EMPLOYEE ADDRESS

EMPLOYER NAME(S)

EMPLOYER ADDRESS

DATE(S) OF INJURY/File number(s) if known

A COPY OF THE FOLLOWING PORTIONS OF THE FILE/RECORD IS REQUESTED:

Contested case pleadings, motions, settlement applications and the resulting decisions, ruling, or orders are public records. First reports of injury, subsequent reports of injury and other information that is filed as a result of an employee's injury or death and that allows identification of the employee or the employee's dependents is confidential information that may not be disclosed without a waiver by the employee except under limited circumstances. Iowa Code section 86.45

- I request only public records
 - A waiver signed by each person whose records are sought is provided.
 - I am entitled to the confidential information under section 86.45(2)(_____).
- You must specify what section of 86.45(2) a.-i., authorizes the release of this information to you. **If left blank, this request will NOT be processed.**

Delivery Method:

- Mail (A stamped, self-addressed envelope is required.) Email _____
- Pick up Fax (____) _____
- Call for pick up (____) _____
- I agree to pay the search fee of \$35 per hour, with a minimum fee of \$35 and a copy fee of \$.25¢ per page.
- Contact me before proceeding further if the search fee reaches \$_____ or if the copy fee will exceed \$_____.

These files are ordered from state records center and will take at least 3 to 4 weeks to retrieve.

Send by mail to: _____

Firm or Company: _____

Mailing Address: _____

Telephone Number: () _____

- Charge to Account Number: _____
- Bill my firm (an advance deposit for the full amount is requested before copies are released.)